

Referral to Metro Business Opportunities
Inspiring and Supporting Provincial Income Recipient Entrepreneurs

Personal information:

Client Name:	_____	Case #:	_____
Office:	_____		
Mailing Address:	_____		

Phone Number:	_____		
Cell Number:	_____		
Email:	_____		
E.I. Reach-back Status: <input type="checkbox"/> Yes: Date of EI Termination (yy/mm/dd) ____/____/____ <input type="checkbox"/> No			

Business Information:

Business Name:	_____
Business Address (if different from mailing address)	_____

Is this a home-based business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Status:	<input type="checkbox"/> Yes <input type="checkbox"/> Existing (year established) _____
Form of ownership:	
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership (not incorporated) <input type="checkbox"/> Incorporated
Percentage of business owned by applicant:	_____%
Previous involvement with MBO:	<input type="checkbox"/> Yes <input type="checkbox"/> No

In order for SSWB to share your personal net business information with MBO, we ask you to sign the following release.

Release for the Department of Social Supports and Well-Being

I authorize the Department of Social Supports and Well-Being to share my personal net business income information with the Metro Business Opportunities Corporation/Community Business Development Corporation to allow administration of the Income Support Act.

Signature of Applicant: _____	Signature of Spouse: _____
Date (mm/dd/yy) ____/____/____	Date (mm/dd/yy) ____/____/____

Please complete this form and return it to:

DPU
Box 8790
St. John's, NL A1B 5E4
Fax: 709-729-2641
Email: incomesupport@gov.nl.ca